

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/18/05

SERIAL NO.
10109551
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER		AFTER		
	1st AMENDMENT	2nd AMENDMENT	1st AMENDMENT	2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
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4					
5	1				
6		1			
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50					

TOTAL
IND.

3
12

TOTAL
DEP.

15

TOTAL
IND.

3
12

TOTAL
DEP.

3
12

TOTAL
CLAIMS

3
12